



DEPARTMENT OF PLANNING & BUILDING  
BUILDING DIVISION  
276 Fourth Avenue Chula Vista CA 91910  
619-691-5272 619-409-5428 FAX

# TENANT IMPROVEMENT WORKSHEET

## FORM 4564

### MINIMUM PLAN SUBMITTAL REQUIREMENTS

#### Planning Division

(GRAY AREAS FOR OFFICE USE ONLY.)

☐ Design Review Committee  
DRC #:

☐ Planning Commission  
PCC or PCS #:

☐ Variance  
ZAV #:

☐ Landscape & Irrigation Plans (if permit valuation is >\$20,000)

#### Building Division

Four complete sets of fully dimensioned, drawn to scale plans which include all of the following:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Title Sheet     | <input type="checkbox"/> Elevations       | <input type="checkbox"/> Mechanical Plans  |
| <input type="checkbox"/> Plot/Site Plan  | <input type="checkbox"/> Roof Plan        | <input type="checkbox"/> Plumbing Plans (including 2 sets plumbing isometric plans)                                    |
| <input type="checkbox"/> Foundation Plan | <input type="checkbox"/> Cross Sections   | <input type="checkbox"/> Structural framing plans, details and calculations (if structural modifications are proposed) |
| <input type="checkbox"/> Floor Plan      | <input type="checkbox"/> Electrical Plans |  |

#### Two copies of the following:

- ☐ Soils Report or Soils Waiver (Form 4597), if adding square footage
- ☐ California Administrative Code, Part 2, Title 24 plans demonstrating compliance with disabled access requirements
- ☐ Title 24 Energy compliance documentation (Certificate of Compliance sheets shall be reproduced on actual plan sheet)
- ☐ Engineered truss layout & details, if roof/floor trusses are used
- ☐ Single line diagram for electrical services over 200 amps
- ☐ Approved Health Department plans, if food service business
- ☐ Hazardous Material Questionnaire

Site Address:		Parcel #:	
Applicant Name:		<input type="checkbox"/> Agent for Owner	<input type="checkbox"/> Agent for Contractor
Address:		City:	State: Zip Code:
Phone #:	Fax #:	E-mail:	
Owner:		Phone:	
Address:		City:	State: Zip Code:
Contractor:		Phone # :	Fax #:
Address:		City:	State: Zip Code:
Chula Vista Business License #:		State Contractor's License #:	Class: Expires:

#### TENANT IMPROVEMENT

#### Activity #

Name of Tenant

Mall/Shopping Center/Location

Suite #

New Business

New Location

☐ Y ☐ N ☐ Y ☐ N

#### Existing Building/Suite Information

#### Tenant Improvement Area Information

Type Const	Occupancy	Fire Sprinklers	Shell Bldg	Suite Sq Ft	Type Const	Occupancy	Suite Sq Ft	Valuation	Valuation Form
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N

#### METER RESET (COMMERCIAL)

#### Activity #:

Name of Tenant

Mall/Shopping Center/Location

Suite #

New Business

New Location

☐ Y ☐ N ☐ Y ☐ N

#### COMMERCIAL ACCESSORY STRUCTURES

#### Activity #:

#### Activity #:

ID #:	<input type="checkbox"/> Patio Cover/Enclosure	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Trash Enclosure	<input type="checkbox"/> Masonry Wall/Fence	<input type="checkbox"/> City Standard	<input type="checkbox"/> Other	Sq Ft:
ID #:	<input type="checkbox"/> Patio Cover/Enclosure	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Trash Enclosure	<input type="checkbox"/> Masonry Wall/Fence	<input type="checkbox"/> City Standard	<input type="checkbox"/> Other	Sq Ft:

WORK NOT LISTED ABOVE:

Applicant/Agent

Development Services Technician

Date